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APPLICANTS

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\*\*\* CONTINUING DATA \*\*\*\*\* *yes RB.*  
 This appln claims benefit of 60/414,985 09/30/2002

\*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *yes RB.*  
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IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>RB.</i> Examiner's Signature Initials	STATE OR COUNTRY GERMANY	SHEETS DRAWING 9	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 3
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TITLE  
 Declaring application data

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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